

Integrated Payment & Reporting System (IPRS) Target Population Details – FY 2008-09

**Adult Mental Health
Assessment Only (AMAO)**

Client Eligibility Criteria	<p>Adults, ages 18 and over, who:</p> <ul style="list-style-type: none">are seeking or needing services for a current Mental Health problem or symptom, ANDhave completed a current LME Screening/Triage/Referral (STR) process, ANDhave received a current LME STR triage determination of "Urgent" or "Routine", ANDhave been referred by the LME STR to the provider for assessment, ANDhave been determined by the provider <u>not to be eligible for any other MH, DD, or SA Target Population, AND</u>have been determined by the provider <u>not to be eligible for Medicaid services.</u> <p>The purpose of the Assessment Only Target Population is to provide a mechanism to reimburse a provider for a single service or assessment event that has been provided to a consumer, but for whom the provider determines that the consumer does not meet eligibility requirements for any other Target Population or for Medicaid services. Pending record requirements in APSM 45-2 apply.</p>									
ICD-9 Diagnosis Ranges	<p>Any valid ICD-9 Code</p> <p>~~~~~</p> <p>For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>									
Concurrency Issues	<p>An individual cannot be enrolled in AMAO and any other MH, DD, or SA Target Population category at the same time.</p> <p>~~~~~</p> <p>For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>									
Service Array	<p>Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>									
Provider Restrictions	<p>Billing Provider – Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/ SA Provider</p>									
Funding Source(s)	<table><tr><td>Adult MH MHBG</td><td>536949 1291 250 6W</td><td>(procedure code NOT YP820, YP851, YP852)</td></tr><tr><td>Adult MH SSBG</td><td>536949 1291 250 Q7</td><td>(procedure code NOT YP851, YP852)</td></tr><tr><td>Adult MH State UCR</td><td>536949 1290 220 00</td><td>(procedure code NOT YP851, YP852)</td></tr></table> <p>~~~~~</p> <p>For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>	Adult MH MHBG	536949 1291 250 6W	(procedure code NOT YP820, YP851, YP852)	Adult MH SSBG	536949 1291 250 Q7	(procedure code NOT YP851, YP852)	Adult MH State UCR	536949 1290 220 00	(procedure code NOT YP851, YP852)
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Utilization Management	<p>Up to 1 periodic service event within a current episode of care, and up to 2 periodic service events within the fiscal year, after which prior approval is required or current eligibility enrollment in another Target Population category.</p>									

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**Adult Mental Health
Community Enhancement Program (AMCEP)**

Client Eligibility Criteria	A single, special recipient (State Enrolled ‘John Doe’ client) will be used to report these services to IPRS. Individual consumers are not to be enrolled in this target population. NOTES: Client may be identified in CNDS as ‘(local facility code)AMH001’																				
ICD-9 Diagnosis Ranges	Any valid ICD-9 Code ~~~~~ For the most current list of specific diagnoses, refer to <u>IPRS Diagnosis / Target Population Crosswalk</u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)																				
Concurrency Issues	An individual cannot be enrolled in AMCEP. ~~~~~ For full details, refer to <u>IPRS Eligibility Concurrency</u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)																				
Service Array	This is intended to cover area program costs for C&E and drop in center coverage by having a non-client staff hour population group with payment (with limits) based on AMH staff hours. Refer to <u>IPRS Service Array</u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)																				
Provider Restrictions	Billing Provider – Area Program or LME Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/SA Provider																				
Funding Source(s)	<table><tr><td>Public Psychiatry</td><td>536949004 1290-220-00</td><td>(procedure codes YP851 and YP852)</td></tr><tr><td>Long Term Vocational Support</td><td>536949001 1290 220 00</td><td>(procedure code = YM645)</td></tr><tr><td>Long Term Vocational Support</td><td>536949001 1390 221 00</td><td>(procedure code = YM645)</td></tr><tr><td>Adult MH MHBG</td><td>536949 1291 250 6W</td><td>(procedure code NOT YP820, YP851, YP852)</td></tr><tr><td>Adult MH SSBG</td><td>536949 1291 250 Q7</td><td>(procedure code NOT YP851, YP852)</td></tr><tr><td>Adult MH State UCR</td><td>536949 1290 220 00</td><td>(procedure code NOT YP851, YP852)</td></tr></table> ~~~~~ For full details, refer to <u>IPRS Budget Criteria</u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)			Public Psychiatry	536949004 1290-220-00	(procedure codes YP851 and YP852)	Long Term Vocational Support	536949001 1290 220 00	(procedure code = YM645)	Long Term Vocational Support	536949001 1390 221 00	(procedure code = YM645)	Adult MH MHBG	536949 1291 250 6W	(procedure code NOT YP820, YP851, YP852)	Adult MH SSBG	536949 1291 250 Q7	(procedure code NOT YP851, YP852)	Adult MH State UCR	536949 1290 220 00	(procedure code NOT YP851, YP852)
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Utilization Management	Area Program specific audits may be implemented to limit the amount of State UCR funds accessible by the population group.																				

**Adult Mental Health
Crisis Services (AMCS)**

Client Eligibility Criteria	<p>Adults, ages 18 and over, who: are seeking or needing services for a current Mental Health problem or symptom,</p> <p>AND</p> <p><u>who is not eligible for Medicaid,</u></p> <p>AND</p> <p>who have completed a current Screening/Triage/Referral Interview and have received an "Emergent" triage determination, as defined below*, <u>or</u> are currently enrolled in an eligible Adult Mental Health Target Population and are in need of crisis or emergency services beyond the capacity of the designated First Responder provider,</p> <p><i>Note: An individual who is eligible for Medicaid is <u>not</u> eligible for the Crisis Services target population, nor is an individual who is eligible for both Medicaid and IPRS services. The Crisis Services target population is limited to only those individuals who either:</i></p> <p><i>a) have <u>no IPRS target population eligibility</u>, or</i></p> <p><i>b) have <u>only IPRS target population eligibility</u>, but not Medicaid eligibility.</i></p> <p>The purpose of the Crisis Services Target Population is to provide a mechanism to reimburse a provider for crisis or emergency services that have been provided to a non-Medicaid Adult Mental Health consumer. The consumer may or may not meet eligibility requirements for any other IPRS Target Population, but may <u>not</u> be eligible for Medicaid.</p> <p>Eligibility for the Crisis Services target population requires LME admission of consumer into the CDW through completion of the Identifying Information (Record 10 or 30), Demographics (Record 11 or 31), and Substance Abuse (Drug of Choice) Details (Record 17 or 37).</p> <p>The LME may establish the initial eligibility period in the Crisis Services (AMCS) population group for up to fourteen (14) days. After the initial eligibility period, the consumer must be reassessed and determined to continue to be in need of crisis and emergency services to be considered for another fourteen (14) day eligibility period.</p> <p><i>* STR Definition of "Emergent": An individual's need shall be categorized as "Emergent" when the individual presents a moderate or severe risk related to safety or supervision, or is at moderate or severe risk of substance abuse withdrawal symptoms, or presents a mild, moderate, or severe risk of harm to self or others, or has severe incapacitation in one or more area(s) of physical, cognitive, or behavioral functioning related to mental health, developmental disabilities or substance abuse problems.</i></p>
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**Adult Mental Health
Crisis Only (AMCS)
(continued)**

ICD-9 Diagnosis Ranges	Any Valid ICD-9 For the most current list of specific diagnoses, refer to <i>IPRS Diagnosis / Target Population Crosswalk</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Concurrency Issues	An individual cannot be enrolled in AMCS and any other MH, DD, or SA Target Population category at the same time. For full details, refer to <i>IPRS Eligibility Concurrency</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Service Array	Refer to <i>IPRS Service Array</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Provider Restrictions	Billing Provider – LME Attending Provider – Multi-Service or Multi-Service w/SA Provider or Enrolled MH Provider
Funding Source(s)	Adult MH State Crisis 536949003 1290 220 00 ~~~~~ For full details, refer to <i>IPRS Budget Criteria</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Utilization Management	Each Local Management Entity is responsible for the development and implementation of crisis and emergency services delivery and authorization guidelines to ensure the prompt and efficient implementation of services to eligible “Crisis Services (CS)” consumers. This includes LME approved procedures for the authorization of 24 hour admissions to inpatient hospital, facility based crisis, and 24 hour detoxification programs. The Division recommends that the LME review and authorize Mobile Crisis services after the delivery of the initial 16 units (4 hours) of this service. During regular hours of operation, the Division recommends immediate notification of the LME by the crisis or emergency services provider for all 24 hour emergency admissions. Written notification regarding such emergency admissions is recommended to be provided to the LME within 24 hours in all circumstances.

**Adult Mental Health
Adult with Mental Illness (AMI)**

Client Eligibility Criteria	<p>Adult, ages 18 and over, who meets diagnostic criteria, and who as a result of a Mental Illness exhibits functioning which is so impaired as to interfere substantially with his/her capacity to remain in the community. In these persons their disability limits their functional capacities for activities of daily living such as interpersonal relations, homemaking, self-care, employment, and recreation.</p> <p>The revised target population of Adult with Mental Illness (AMI) consolidates the following former target populations for consumer eligibility to services within IPRS: Adult with Severe and Persistent Mental Illness (AMSPM), Adult with Serious Mental Illness (AMSMI), Deaf or Hard of Hearing (AMDEF), and Homeless (PATH) - (AMPAT).</p> <p>Level of functioning criteria includes:</p> <p>Any client who has or has ever had a GAF score of 50 or below</p> <p>OR</p> <p>Current client who never had a GAF assessment when admitted</p> <p>AND</p> <p>Who without continued treatment and supports would likely decompensate and again meet the level of functioning criteria (GAF score of 50 or below)</p> <p>OR</p> <p>Current client who when admitted met level of functioning criteria but as a result of effective treatment does not currently meet level of functioning criteria</p> <p>AND</p> <p>Who without continued treatment and supports would likely decompensate and again meet the level of functioning criteria (GAF score of 50 or below)</p> <p>OR</p> <p>New client who does not currently meet GAF criteria and no previous GAF score is available, and who has a history of:</p> <ul style="list-style-type: none">• two or more psychiatric hospitalizations; <p>OR</p> <ul style="list-style-type: none">• two or more arrests; <p>OR</p> <ul style="list-style-type: none">• homelessness as defined by: <ul style="list-style-type: none">(1) lacks a fixed, regular and adequate night-time residence <p>OR</p> <ul style="list-style-type: none">(2) has a primary night-time residence that is: <ul style="list-style-type: none">(a) temporary shelter <p>or</p> <ul style="list-style-type: none">(b) temporary residence for individuals who would otherwise be institutionalized <p>or</p> <ul style="list-style-type: none">(c) place not designed/used as a regular sleeping accommodations for human beings; <p>NOTE: It should be noted that an individual can remain in the target population even though his/her level of functioning might improve beyond the initial GAF score of 50.</p>
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Integrated Payment & Reporting System (IPRS) Target Population Details – FY 2008-09

**Adult Mental Health
Adult with Mental Illness (AMI)
(continued)**

	<p>This population should include any clients who are currently homeless or who are at imminent risk of homelessness as defined by:</p> <p>(1) due to be evicted or discharged from a stay of 30 days or less from a treatment facility</p> <p>AND</p> <p>(2) lacking resources to obtain and/or maintain housing.</p> <p>NOTE: There may need to be "John Doe" clients for outreach to people who refuse to give their names.</p> <p>This population should also include any clients who have been assessed as having special communication needs because of deafness or hearing loss and having a Mental Health diagnosis</p> <p>Eligibility Determination for this population group should be completed annually in conjunction with the Person Centered Plan process. or with significant change in functioning</p>					
ICD-9 Diagnosis Ranges	2900-2909	2940	297-29799	3020-3029	311	31281-31283
	2930	29410-29411	2988	3070-3079	31200-31213	31289-3129
	2931	2948	2989	3080-3089	31220-31223	7999
	29381-29384	295-29599	30000-3009	3090-3099	31230	99580-99586
	29389-2939	296-29699	3010-3019	3101	31232-3124	99589
	~~~~~					
	<p>For the most current list of specific diagnoses, refer to <i>IPRS Diagnosis / Target Population Crosswalk</i> on the IPRS website. (<a href="http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm">http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm</a>)</p>					
<b>Concurrency Issues</b>	<p>An individual cannot be enrolled in AMI and any other MH, DD, or SA Target Population category at the same time.</p> <p align="center">~~~~~</p> <p>For full details, refer to <i>IPRS Eligibility Concurrency</i> on the IPRS website. (<a href="http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm">http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm</a>)</p>					
<b>Service Array</b>	<p align="center">Refer to <i>IPRS Service Array</i> on the IPRS website. (<a href="http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm">http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm</a>)</p>					
<b>Provider Restrictions</b>	<p><b>Billing Provider</b> – Area Program or LME</p> <p><b>Attending Provider</b> – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/SA Provider</p>					

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***Integrated Payment & Reporting System (IPRS) Target Population Details – FY 2008-09***

**Adult Mental Health  
Adult with Mental Illness (AMI)  
(continued)**

<b>Funding Source(s)</b>	Adult MH State Crisis	536996003 1590 220 00	(procedure code H0010, H2011, H2036, S9484, YP485, YP790, YP820)
	Long Term Vocational Support	536949001 1290 220 00	(procedure code = YM645)
	Long Term Vocational Support	536949001 1390 221 00	(procedure code = YM645)
	Adult MH MHBG	536949 1291 250 6W	(procedure code NOT YP820, YP851, YP852)
	Adult MH SSBG	536949 1291 250 Q7	(procedure code NOT YP851, YP852)
	Adult MH State UCR	536949 1290 220 00	(procedure code NOT YP851, YP852)
	Only the area programs having Fed PATH funds can get paid from that funding source. These are Wake, Southeastern, Durham, CenterPoint, Mecklenburg, Blue Ridge, Crossroads, Piedmont, & Cumberland for adults. Other area programs can get paid from MHBG or State money. or PATH funding we need to be able to document that \$1 of other state/local funds are spent for each \$3 of PATH funding.		
<b>Utilization Management</b>	<b>NOTE:</b> The small reserve in AMH for interpreter services will continue to be handled on an invoice basis outside the IPRS system at this time		
	~~~~~ For full details, refer to <i>IPRS Budget Criteria</i> on the IPRS website. ( <a href="http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm">http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm</a> )		

**Adult Mental Health
Stable Recovery Population (AMSRE)**

Client Eligibility Criteria	<p>Adults, ages 18 and over, who:</p> <ul style="list-style-type: none">• Are currently enrolled in AMI target population or eligible for enrollment in AMI target population, and who are stable and moving toward their personal recovery within the community AND• Evidence of stability and recovery includes <u>all</u> of the following:<ul style="list-style-type: none">○ Illness has been managed successfully in the community with no need for crisis services or hospitalization within the past six months related to mental illness, substance abuse or developmental disabilities AND○ Has a safe, stable place to live in the community and has not been homeless or evicted or forced to move within the past six months AND○ Has not been engaged in activities that resulted in arrest by law enforcement within the past six months AND○ Participates in meaningful activities or employment of his/her own choosing in the community AND○ Has family or friends with whom he/she has a positive, ongoing relationship AND○ Has an understanding of how to access health care to address physical health issues, if any, AND○ Continues to need medication and/or occasional counseling or support related to his/her mental illness diagnosis. <p>Continued Stay Criteria</p> <ul style="list-style-type: none">• If functioning is beginning to deteriorate, adults in this AMSRE target population may be moved back into AMI.• If there is a need for crisis services or hospitalization, if the person is homeless or evicted, if the person is arrested by law enforcement, or if the person needs for services to maintain meaningful activities or employment or services to address relationships or health issues, adults in this AMSRE target population are to be moved back into the AMI target population. <p>Eligibility Determination for this population group should be completed annually in conjunction with the Treatment Plan process.</p>				
ICD-9 Diagnosis Ranges	2900-2909	297-29799	3003	3071	31234
	29383	2989	30120	30751	
	29411	30001	30183	30981	
	295-29599	30014	3022	31230	
	296-29699	30021	3024	31233	
	For the most current list of specific diagnoses, refer to <i>IPRS Diagnosis / Target Population Crosswalk</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)				
Concurrency Issues	<p>An individual cannot be enrolled in AMSRE and any other MH, DD, or SA Target Population category at the same time.</p> <p>~~~~~</p> <p>For full details, refer to <i>IPRS Eligibility Concurrency</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>				

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Integrated Payment & Reporting System (IPRS) Target Population Details – FY 2008-09

**Adult Mental Health
Stable Recovery Population - (AMSRE)
(continued)**

Service Array	Refer to <u>IPRS Service Array</u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)																	
Provider Restrictions	Billing Provider – Area Program or LME Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/ SA Provider																	
Funding Source(s)	<table><tr><td>Long Term Vocational Support</td><td>536949001 1290 220 00</td><td>(procedure code = YM645)</td></tr><tr><td>Long Term Vocational Support</td><td>536949001 1390 221 00</td><td>(procedure code = YM645)</td></tr><tr><td>Adult MH MHBG</td><td>536949 1291 250 6W</td><td>(procedure code NOT YP820, YP851, YP852</td></tr><tr><td>Adult MH SSBG</td><td>536949 1291 250 Q7</td><td>(procedure code NOT YP851, YP852</td></tr><tr><td>Adult MH State UCR</td><td>536949 1290 220 00</td><td>(procedure code NOT YP851, YP852</td></tr></table> <p>~~~~~</p> <p>For full details, refer to <u>IPRS Budget Criteria</u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>			Long Term Vocational Support	536949001 1290 220 00	(procedure code = YM645)	Long Term Vocational Support	536949001 1390 221 00	(procedure code = YM645)	Adult MH MHBG	536949 1291 250 6W	(procedure code NOT YP820, YP851, YP852	Adult MH SSBG	536949 1291 250 Q7	(procedure code NOT YP851, YP852	Adult MH State UCR	536949 1290 220 00	(procedure code NOT YP851, YP852
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Utilization Management	Individualized service plan with annual review. Plan may be revised during the year, with authorization, if service needs change.																	